

REISSUE PATENT APPLICATION TRANSMITTAL

PTO

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

71189-1484

First Named Inventor

Gary A. Kasper

Original Patent Number

6,286,181

Original Patent Issue Date
(Month/Day/Year)

09/11/2001

Express Mail Label No.

ET975781937US

17602 U.S. PTO
10/6/01

06/27/03

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: Declarations of Eric C. Huffman,
Jonathan L. Miner, and Kenneth M. Lenkiwicz
Express Mail Cover Letter

The PTO did not receive the following
listed items(s) Postcard

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

20915

or ☐

Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name

John E. McGarry, McGarry Bair PC

Address

171 Monroe Avenue, N.W.,
Suite 600

Zip Code

49503

City

Grand Rapids

State

Michigan

Fax

616-742-1010

Country

U.S.A.

Telephone

616-742-3500

NAME (Print/Type)

John E. McGarry

Registration No. (Attorney/Agent)

22,360

Signature

John E. McGarry

Date

6-29-03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

71189-1484

Claims as Filed - Part 1

Claims in Patent	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
			Rate	Fee	Rate	Fee
(A) 15	Total Claims (37 CFR 1.16(j))	(B) 30	**** 10 =	x \$ _____ =	or	x \$ 18 = 180.00
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 4	* 1 =	x \$ _____ =		x \$ 84 = 84.00
Basic Fee (37 CFR 1.16(h)) \$ _____						\$ 750.00
Total Filing Fee \$ _____					OR	\$ 1014.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS **	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS *****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee \$ _____					OR	\$ _____	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.


**** If "A" is greater than 20; use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☒ Please charge Deposit Account No. 50-2003 in the amount of 1014.00.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-2003.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

6-27-03

Date


 Signature of Applicant, Attorney or Agent of Record
 John E. McGarry, Reg. No. 22,360
 Typed or printed name

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: GARY A. KASPER AND TIMOTHY E. KASEN

For: UPRIGHT EXTRACTION CLEANING MACHINE

Docket No. 71189-1484

MAIL STOP REISSUE
Commissioner for Patents
Alexandria, Virginia 22313-1450

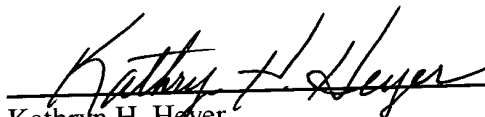
"Express Mail" Mailing Label No.: ET975781937US

Date of Deposit: June 27, 2003

Sir:

I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to MAIL STOP REISSUE, Commissioner for Patents, Alexandria, Virginia 22313-1450.

Dated: June 27, 2003


Kathryn H. Hoyer
MCGARRY BAIR LLP
171 Monroe Avenue, N.W., Suite 600
Grand Rapids, Michigan 49503
(616) 742-3500